



Town of Ossining

2024 Peddler's Application

Expires 12/31/2024



The following application is for a permit to peddle, canvass, solicit or vend goods, wares & merchandise

Applicant's Information

Name of Applicant: _____

Phone #: _____ Email: _____

Address: _____

Date of Birth: _____ Age: _____ Height: _____

Weight: _____ Eye Color: _____ Hair Color: _____

Have you ever been convicted of a crime, misdemeanor or disorderly conduct offense? ☐ Yes ☐ No

If yes, state nature of offense, where and when so convicted, and penalty imposed below.

Has any license previously issued for hawking, peddling or soliciting been revoked? ☐ Yes ☐ No

If yes, state licensing authority, the date of revocation and the reason for revocation.

Employment Information

Please fill out the table corresponding to the status of your employment

Status of Employment	Name & Address of Business/Employer/Organization	Phone & Email
Self-Employed		
Employed/Under contract with another person, firm, or corporation		
Volunteer for a non-profit		

Hawking, Peddling, & Vending Information

Goods, services or wares to be sold: _____

Please state below days/dates and routes of hawking, peddling, or vending

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Will a vehicle be used to hawk/peddle/vend? ☐ Yes (Fill out table below) ☐ No

Year		Make	
State, License Plate		VIN	
Registration's Exp. Date		Driver's License No.	

Attachments

Please attach the following with you application:

1. Fingerprints (only if new applicant – see page 3 for instructions)
2. Food vendors must present Certification from Westchester County Department of Health
3. A full face picture for permit

Fee Due

- ☐ Yearly Permit \$100
- ☐ Daily Permit \$25 (Date Used: _____)
- ☐ Non-Profit/ U.S. Armed Force Veterans \$0

TO BE COMPLETED IN PRESENCE OF A NOTARY

STATE OF NEW YORK)
COUNTY OF WESTCHESTER)
TOWN OF OSSINING)

_____, being duly sworn, deposes and says he/she is the individual making the application and that the answers to the foregoing questions and all statements contained therein are true if his/her own knowledge and belief.

(Signature of Applicant)

Sworn to before me on this
_____ day of _____, 20_____

Notary Public Signature

****** Return Completed Application to the Town Clerk's Office at 16 Croton Ave, Ossining, NY 10562******

Fingerprint Information

1. Make an appointment through L1 Enrollment for fingerprints by either
 - a. Going online: WWW.L1ENROLLMENT.COM or
 - b. Calling 1-877-472-6915
2. Provide them with the following information:
 - License fingerprint information for OPD: NY0590500
 - Service Code: 154KKB
3. Attach to your application a copy of the fingerprint receipt given to you by the center.